

Florence Downtown Redevelopment Area Improvement Program

Application

Application Date: _____

Applicant/Business Name: _____

Project Address: _____

Applicant Mailing Address: _____

Applicant Phone: _____ Email: _____

Florence Business License Number: _____

Property Lease Expiration Date (if applicable): _____

Property Ownership Information (if different than applicant)

Property Owner: _____

Property Owner Mailing Address: _____

Property Owner Phone: _____ Email: _____

Project Information

Total Anticipated Project Budget: _____

Total Anticipated Grant Request: _____

Will this project require Town permits? _____ Yes _____ No

Type of permits required: _____

Estimated Start Date: _____

Estimated Completion Date: _____

Contractor: _____

Contractor Florence Business License Number: _____

Contractor Phone: _____ Email: _____

Contractor Address: _____

Project Description:

Project Budget: **Please attach three (3) quotes and photos of existing building**

Activity	Estimated Cost	Funding Source (Town or Applicant)
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I, _____, hereby make application to the Florence Industrial Development Authority (IDA) for the Florence Downtown Redevelopment Area Improvement Program in the anticipated amount of \$_____. I understand the Florence IDA must approve my application. I further understand these funds are NOT GUARANTEED and if I fail to meet any of the rules, regulations, or guidelines outlined in the Florence Downtown Redevelopment Area Improvement Program, I forfeit the right to receive reimbursement for any and all work performed on the property. If approved, I understand that all work performed must be in compliance with all Town of Florence Building and Development Codes, as amended.

Applicant Signature

Date

Property Owner Signature

Date

Please return the completed application to:

Florence Town Clerk
Town of Florence
775 North Main Street
P. O. Box 2670
Florence, AZ 85132